

**COMMERCIAL PROPERTIES
PRELIMINARY PROGRAM APPLICATION****FOR OFFICIAL USE ONLY****APPLICATION DATE:**____/____/____
(MONTH/DAY/YEAR)**DATE****RECEIVED:** ____/____/____**FILE #:** _____**PROPERTY OWNER DECLARATIONS:**

- | YES | NO | |
|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | Property Owner(s) and/or Trustees are and have been current on all property debt for the most recent past 3 years, including no technical defaults during that period. |
| <input type="checkbox"/> | <input type="checkbox"/> | Property Owner(s) are current on all property taxes and have not made a late payment in the past three (3) years. |
| <input type="checkbox"/> | <input type="checkbox"/> | Property Owner(s) and/or Trustees have no involuntary liens, defaults or judgments on the property. |
| <input type="checkbox"/> | <input type="checkbox"/> | Property Owner(s) and/or Trustees have not declared bankruptcy in the last seven (7) years and the property is not an asset in a bankruptcy or divorce proceeding. |
| <input type="checkbox"/> | <input type="checkbox"/> | Mortgage-related debt plus proposed Program financing will not exceed 70% of the fair market value of the property. |
| <input type="checkbox"/> | <input type="checkbox"/> | Property has a physical occupancy rate of 50% or higher. |
| <input type="checkbox"/> | <input type="checkbox"/> | Property has a debt service coverage ratio of at least 1.10 (or 110%) (calculated by dividing net operating income by total debt on property including amount requested for PACE projects). The property's debt service coverage ratio is ____%. |
| <input type="checkbox"/> | <input type="checkbox"/> | I/We understand that all mortgage lenders for the property must sign a lender acknowledgement form for this application to be approved. |

PROPERTY ADDRESS:_____
(STREET) (CITY) (STATE) (ZIP CODE)_____
(ASSESSOR'S PARCEL NUMBER)**OCCUPANCY TYPE:**☐ Owner-Occupied☐ Tenant-Occupied☐ Both**DESCRIBE OCCUPANTS' BUSINESSES:** _____**PROPERTY TYPE:**☐ Multi-Family (5+ units)☐ Commercial☐ Industrial☐ Agricultural☐ Other: _____**MAILING ADDRESS:***(if different from property address)*_____
(STREET/P.O. BOX) (APT/SUITE/ETC./) (CITY) (STATE) (ZIP CODE)**PROPERTY OWNER TYPE:**☐ Individual☐ Trust☐ Corporation☐ Partnership☐ Other: _____**PROPERTY OWNER #1 INFORMATION (Should be person/entity who handles all program contacts):**_____
NAME OF PROPERTY OWNER (TAX ID # OR SSN) NAME OF CONTACT PERSON, IF BUSINESS ENTITY OWNER_____
(PHONE NUMBER) (ADDITIONAL PHONE NUMBER) (EMAIL ADDRESS) % OWNERSHIP**PROPERTY OWNER #2 INFORMATION:***(If there are additional Property Owners or Trustees, please provide additional sheet(s) with property owner information.)*_____
NAME OF PROPERTY OWNER (TAX ID # OR SSN) NAME OF CONTACT PERSON, IF BUSINESS ENTITY OWNER_____
(PHONE NUMBER) (ADDITIONAL PHONE NUMBER) (EMAIL ADDRESS) % OWNERSHIP



| Assets | Amount | Liabilities | Amount |
|---------------------|--------|-----------------------------------|--------|
| Cash in Banks | | Notes Payable | |
| Accounts Receivable | | Accounts Payable | |
| Notes Receivable | | Income Tax Payable | |
| Securities Owned | | Other Taxes Payable | |
| Real Estate | | Mortgages or Liens on Real Estate | |
| Other Assets | | Other Liabilities | |
| | | | |
| Total | | Total | |

| Property Income (Annual) | Amount | Property Expenses (Annual) | Amount |
|--------------------------|--------|----------------------------|--------|
| Rent | | Maintenance and Repairs | |
| Other Income | | Property Taxes | |
| Interest | | Property Insurance | |
| | | | |
| Total | | Total | |

| Mortgages and Liens on Commercial Real Estate | | | | | | | |
|---|-----------------|--|-----------------|-------------------|---------------|---------------|---------------------|
| Property ID | To Whom Payable | 1 st or 2 nd Mtg.? | Monthly Payment | Current? (Y or N) | Security Type | Maturity Date | Principal Remaining |
| | | | | | | | |
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If the property is cross-collateralized or cross-defaulted, please complete this section.

| Commercial Real Estate Schedule | | | | | | | |
|---------------------------------|------------------|----------|----------------------|----------------|----------------------|--------------------|--|
| Address / Type of Property | Title in Name of | How Held | Cost / Year Acquired | Monthly Income | Present Market Value | Total Balance Owed | |
| | | | | | | | |
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If the property is owner-occupied, please complete this section.

| Notes Payable | | | | |
|----------------|------------|----------------|---------------|------------------|
| Name of Debtor | Collateral | Monthly Paymt. | Maturity Date | Total Amount Due |
| | | | | |
| | | | | |
| | | | | |
| | | | | |

OTHER CRITERIA QUESTIONS

Please explain all “yes” answers on a separate sheet.

- | YES | NO | |
|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | Do(es) the Property Owner(s) have any outstanding judgment(s)? |
| <input type="checkbox"/> | <input type="checkbox"/> | Do(es) the Property Owner(s) have any tax obligations, including payroll or real estate taxes, that are past due? |
| <input type="checkbox"/> | <input type="checkbox"/> | Is/Are the Property Owner(s) a party in any active or threatened lawsuit(s) or other legal action(s)? |
| <input type="checkbox"/> | <input type="checkbox"/> | Has (have) the Property Owner(s) had property foreclosed or has (have) they given title or deed in lieu thereof? |
| <input type="checkbox"/> | <input type="checkbox"/> | Has (have) the Property Owner(s) compromised a debt or modified a mortgage loan in the last 3 years? |



For the below listed insurance policy types, is there an active insurance policy for this property?

| YES | NO | |
|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | Fire and Hazard insurance? |
| <input type="checkbox"/> | <input type="checkbox"/> | General Liability Insurance? |
| <input type="checkbox"/> | <input type="checkbox"/> | Flood insurance? Check here if not in flood zone _____ |
| <input type="checkbox"/> | <input type="checkbox"/> | Business Interruption insurance? |

APPLICANT(S) SIGNATURE(S)

By signing this Application, the undersigned hereby declare(s) under penalty of perjury under the laws of the State of Missouri that all property owner(s) and/or trustees have read, understand, and agree to all sections of the Program Handbook and that all information set forth in this Application is true, accurate, and complete. **This application must be accompanied by a \$50.00 non-refundable pre-application fee.** If the application is approved the \$50.00 fee will be deducted from the full application fee of \$250. Program transaction fees such as title search and closing fees will be determined during the application review/approval process.

(Applicant Signature)_____
(Date)_____
(Applicant Signature)_____
(Date)_____
(Printed Name, Business Name, Title (if applicable))_____
(Printed Name, Business Name, Title (if applicable))_____
(Applicant Signature)_____
(Date)_____
(Applicant Signature)_____
(Date)_____
(Printed Name, Business Name, Title (if applicable))_____
(Printed Name, Business Name, Title (if applicable))

When completed, return this application and the \$50.00 pre-application fee to the Program Administrator:

MoCEF, LLC
ATTN: David Pickerill
930 Kehrs Mill Road – Suite 324
Ballwin, MO 63011
(314) 769-8300

Underwriting of project financing may include, but is not limited to, requests for the following documentation:

- Property Description
- Property Deed
- Mortgage Documents
- Mortgage Statements
- Title report
- Property Tax Bills
- Tax Returns
- Business Financials
- Contractor Quote/Signed Contract/Construction Budget
- Energy Savings Agreement if applicable
- Appraisal or Valuation of Property
- Property Insurance
- Energy audit or analysis